

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023766

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

171

Primary Registration District No.

4267

Registrar's No.

20

FILED JUN 27 1962

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)

Odessa

Length of stay in 1b

Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Lafayette

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE 404 S. 4th St.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

404 S. 4th St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Charles

Middle

A.

Last

Butler

4. DATE OF DEATH

Month

Day

Year

June 16, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-8-90

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Pipe line Employee

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Dover, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William A. Butler

13b. MOTHER'S MAIDEN NAME

Mary Frances Gier

14. NAME OF HUSBAND OR WIFE

Ritha Daisy Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Chas. A. Butler, Odessa, Mo

18. CAUSE OF DEATH (Enter only one cause per line for terminal condition)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Embolism

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Died very suddenly in presence

DUE TO (c)

A neighbor while working in yard

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☒ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1950 to 6-16-62 and last saw him alive on several weeks ago

Death occurred at 7A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 18, 1962 Odessa Cemetery

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Odessa, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Husman-Sparks, Odessa, Mo.

25. DATE RECD. BY LOCAL REG.

6-18-62

26. REGISTRAR'S SIGNATURE

Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William T. Sparks

Licensed Embalmer No. 4431

P. O. Address Odessa, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.